

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

Date qualified as committee

☒ Amendment

List I.D. number:

# 1420753

8/26/2019

Date qualified as committee  
(If applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp

CALIFORNIA  
FORM 410

For Official Use only

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## 1. Committee Information

NAME OF COMMITTEE

Concerned Retirees for Pension and Healthcare Security supporting Henry Jones for CalPERS Board  
2019 sponsored by labor organizations

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-2952

MAILING ADDRESS (IF DIFFERENT)

Sacramento, CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS  
(916) 442-1280 / info@olsonhagel.com

COUNTY OF DOMICILE

Sacramento

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE  
Statewide

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Oscar Lopez

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(213) 368-7400

NAME OF ASSISTANT TREASURER, IF ANY

Steve Robinson-Burmester

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-3838

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Oscar Lopez, Treasurer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(213) 368-7400

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/30/2019  
DATE

By Steve Robinson-Burmester

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on  
DATE

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Concerned Retirees for Pension and Healthcare Security supporting Henry Jones for CalPERS Board  
2019 sponsored by labor organizations

\_\_\_\_\_  
STREET ADDRESS (NO P. O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_  
NAME OF ASSISTANT TREASURER, IF ANY

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Steve Robinson-Burmester, Assistant Treasurer

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento CA 95814 (916) 442-3838

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Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

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NAME OF COMMITTEE

Concerned Retirees for Pension and Healthcare Security supporting Henry Jones for CalPERS Board  
2019 sponsored by labor organizations

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STREET ADDRESS (NO P. O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Michael Tamariz, Principal Officer

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento CA 95814 (916) 442-3838

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DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
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Executed on \_\_\_\_\_  
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# Statement of Organization Recipient Committee

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**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

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## COMMITTEE NAME

Concerned Retirees for Pension and Healthcare Security supporting Henry Jones for CalPERS Board 2019 sponsored by labor organizations

## I.D. NUMBER

1420753

## 4. Type of Committee

 Complete the applicable sections.**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (916) 440-4331	BANK ACCOUNT NUMBER
ADDRESS	CITY Sacramento	STATE CA
		ZIPCODE 95814

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Henry Jones	Board Member Other CalPERS	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA  
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INSTRUCTIONS ON REVERSE

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## COMMITTEE NAME

Concerned Retirees for Pension and Healthcare Security supporting Henry Jones for CalPERS Board 2019 sponsored by labor organizations

## I.D. NUMBER

1420753

**4. Type of Committee** (Continued)**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ **CITY Committee**    ☐ **COUNTY Committee**    ☐ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

## NAME OF SPONSOR

SEIU California State Council

## INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

## STREET ADDRESS

## NO. AND STREET

## CITY

Sacramento

## STATE

CA

## ZIP CODE

95814

**Small Contributor Committee**☐

Date qualified

**Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.****5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditure in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

FPPC Form 410 (Jan/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

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INSTRUCTIONS ON REVERSE

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## COMMITTEE NAME

Concerned Retirees for Pension and Healthcare Security supporting Henry Jones for CalPERS Board 2019 sponsored by labor organizations

## I.D. NUMBER

1420753

**4. Type of Committee** (Continued)**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ **CITY Committee**    ☐ **COUNTY Committee**    ☐ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

## NAME OF SPONSOR

Service Employees International Union Local 721

## INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

## STREET ADDRESS

## NO. AND STREET

## CITY

Los Angeles

## STATE

CA

## ZIP CODE

90017

**Small Contributor Committee**☐

Date qualified

**Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.****5. Termination Requirements**

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